



SYAWAL 1437

# AT TIBB



JULY 2016

**Why Women Live  
Longer Than Men?**

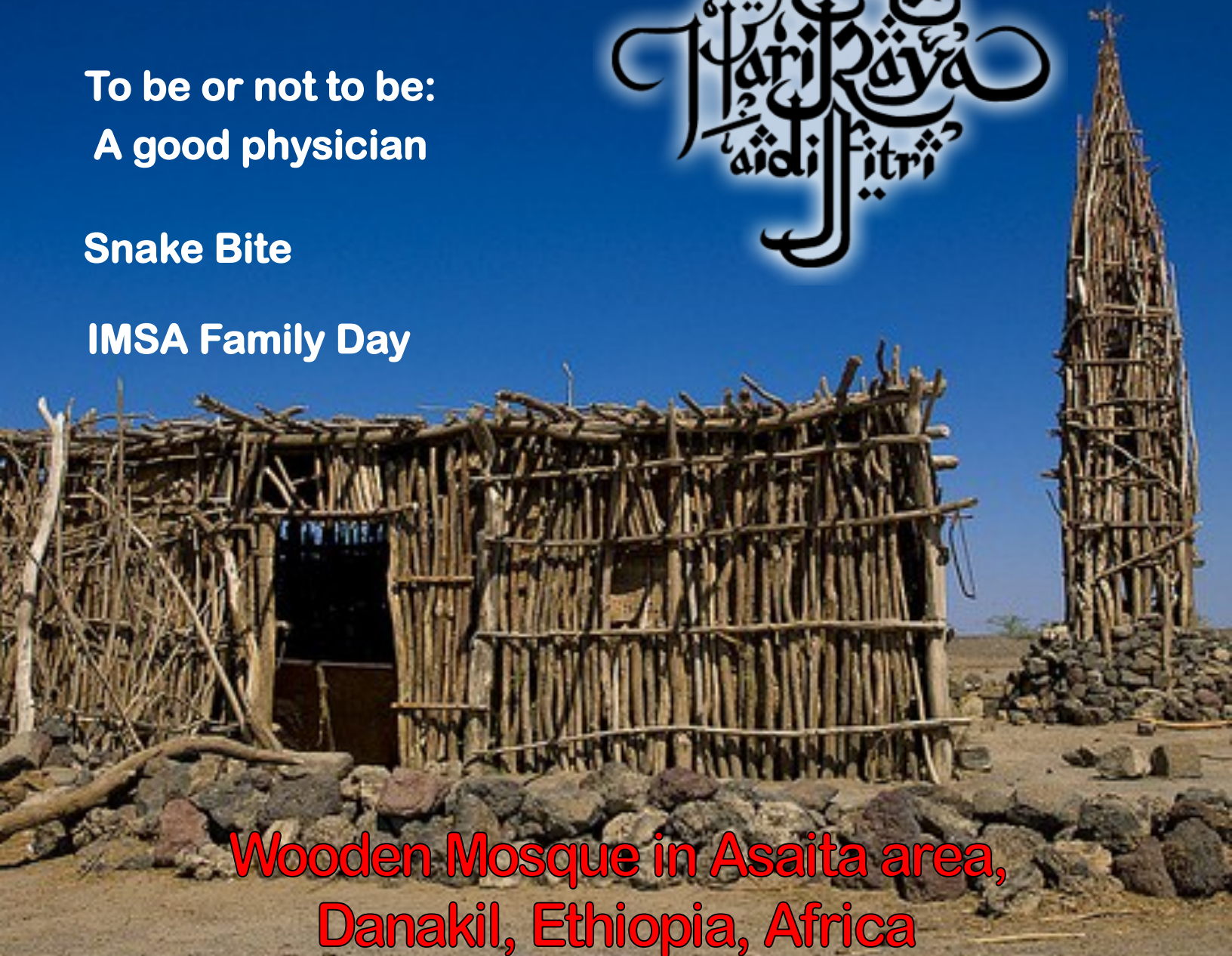
**Vaccines causes Autism?**

**To be or not to be:  
A good physician**

**Snake Bite**

**IMSA Family Day**

سَلَامَاتُ  
هَارِي رَايَا  
أَيُّدِي فَيْتْرِي



**Wooden Mosque in Asaita area,  
Danakil, Ethiopia, Africa**



# Words from ... Editor in Chief

السَّلَامَةُ عَلَيكُمْ وَرَحْمَةُ اللَّهِ وَبَرَكَاتُهُ

One question that I like to ask my students is "What does make people happy?" The most common answer is happiness

Is when

you get what you want. What people want differs from person to person. Some students say that they would be happy if they could be successful in their career. Some say they would be happy if they were rich. Some say they would be happy if they could get married to someone they love.

A group of scientists from Harvard University conducted a study in 1938. They recruited 268 men and measure their happiness and contributing factors. Until today most of those men passed away but the study is still going on with the survivors and their descendants. This study is called Grant Study and becomes the longest study in human development.

So far the study showed that the strongest correlation was the men who had the warmest relationship with their parents were more likely to grow and become successful men. Success includes the aspects of economic, career, personality and responsibility etc. Between the two parents, mother had stronger influence on men adult life.

If people ask me about my happiest memory from my childhood life, my answer will be the close relationship with my mother. I was never separated from my mother during my childhood years. Wherever she went, I followed. Despite the never enough food for family and other hardships, the ever loving care I get

from my mother overwhelms the sad memories.

I belong to a generation in which career women were rare. I was breastfed fully for two years. Powder milk was unheard of. As far as I remember, I was never separated from my mother for more than half a day. I followed my mother tapping rubber, collecting firewood or whatever she did. And I grew up to be a man as I am now. Let people judge whether I am a successful man or not in whichever way success is defined.

What I get from my mother is considered a luxury by our current standard of living. In a current society where both parents work, children are left under the care of nursery or foreign maid. Bottle feeding is the staple food. Children only see their mother at night. By the time they are awake in the next morning, the mother is already on the way to her office. At most, a mother-child contact lasts for about four to five hours a day plus weekends.

Looking from the effect of parent-child relationship and the child adult life, the current lifestyle should worry us. Economic pulling and pushing factors are too strong. Parents are forced to sacrifice their caring for the children to earn a living. This is not the healthy way of building a nation.

I am not against working women. What I'm trying to highlight here is a development philosophy that we are following now. Before it's getting too late, maybe we can do something to correct the mistakes. If we cannot do it at a population level, at least we can do it at our family level. Think about it.

Editor in chief,  
Dr. Shahidan Hashim



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# WHY

Women

Live

Longer

Than

Men

## Introduction

Generally women in any countries live 5-7 years longer than men do. Mortality rate from birth to 80 years old consistently recorded higher for men than women. Different factors contribute to the death of men and women throughout their lifespan. For every age group one single factor may play a dominant role as a cause of death.

Neonatal mortality rate is mostly related to genetic diseases. Death among boys at neonatal stage is attributed mostly to genetic. For infants and toddlers, nutrition and infectious diseases are the main contributing factors to the cause of death. Boys continue to record higher death rate at this age. Since girls and boys share the same environment and food source in family, genetic factors are suspected to be the cause of more death among boys.

Among teenagers, boys expose themselves to a different environment from the girls'. They spend most of their time outside of the house; therefore environmental factor contributes to a higher death rate among boys. Boys also exposed themselves to high risk activities, which result in accidents and death. Adult men continue to show a higher mortality rate. Lifestyle and physiological factors play dominant role as a cause of death at this stage. This trend continues until the age 80 years and above. Mortality rate for men falls to the same level as the women's after age 85. At this age men and women share equal risk factors.

## 1. Genetic factor

The genetic difference between male and female is the sex chromosomes. The sex chromosomes are different from the other 22 pairs of chromosomes because they are not identical. The chromosome is named X and Y chromosome. This pair of chromosome determines the sexual characteristic of male (XY) and female (XX). X chromosome is larger than Y chromosome. It carries more genetic material than the Y chromosome. Recessive abnormal gene attached to X chromosome will not manifest as disease in female but reveal as a disease in male. A female who carries this sex-linked recessive chromosome is called a carrier. One example of sex-linked disorder is Duchenne muscular dystrophy (DMD). Duchenne muscular dystrophy affects 1:3600 boys and causes premature death. Carrier mothers pass the genetic traits to their children. Twenty-five percents of the children (daughter) become carriers and another twenty-five percents (son) get the disease. This disease is made famous by Stephen Hawking, a British scientist who suffers from it.

## 2. Physiology

The development of male and female differ as early as the embryonic stage. Sex chromosome determines the development of sexual organs through the effect of hormones. Testosterone is more dominant in men and

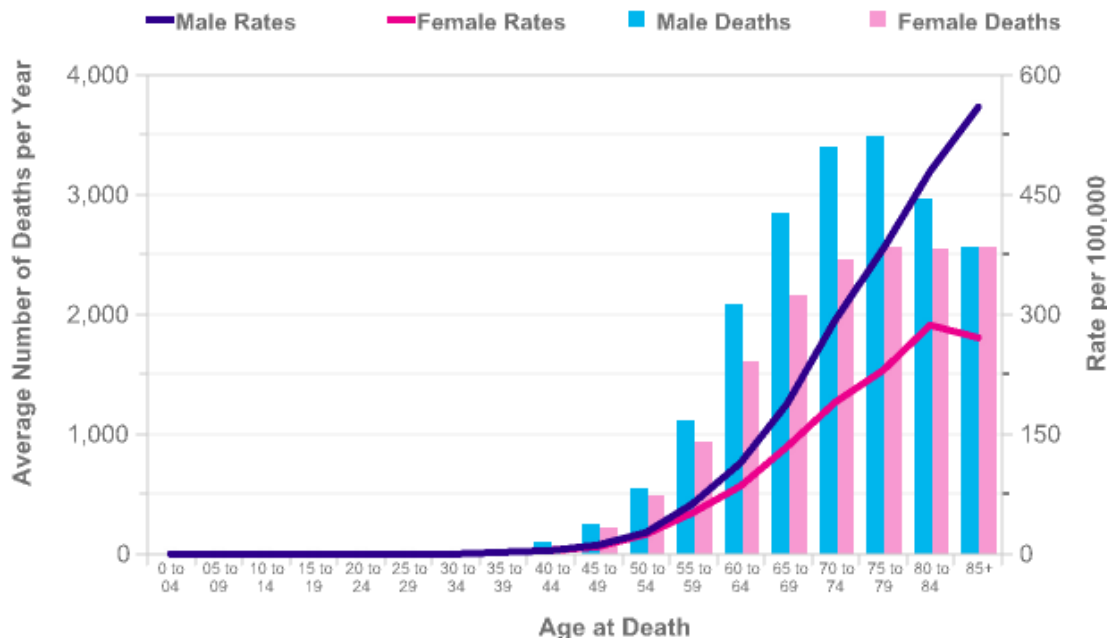


Figure 1: Age Specific Mortality Rate Among Men and Women

estrogen is more dominant in women. Testis is the main source of testosterone. This hormone stimulates the development of male characteristics. Eunuchs are men whose testes are removed before they achieve puberty. By removing the testes, these men do not show secondary males' sexual characteristics such as facial hair, muscular body, hoarseness of voice etc. Their penis stop growing and they showed no sexual libido. Eunuchs live longer than any men at their time. It just shows that removing the testosterone effect from a male will remove certain factors that determine their life span.

Non communicable diseases like hypertension, diabetes, atherosclerosis and other degenerative disorders appear at a later stage of life. In men, 40 is the arbitrary age for those diseases to appear. Women achieve menopause around 50 years of age. Non communicable diseases seemed to start at this age. Therefore women benefit from the delayed start of the diseases as compared to men. The female hormonal cycle appears to protect women from diseases such as hypertension and diabetes. This is also the benefit of hormone replacement therapy in women<sup>3</sup>. Premenopausal women are given estrogen to treat their premenopausal symptoms. The additional benefit of this treatment is the hormone protects them against hypertension, atherosclerosis and other diseases.

### 3. Gender factor

*Gender* is "a person's self representation as male or female". Gender and sex are two different things. Gender is determined by society. Society determines female wear skirt and male wear trousers. The gender factor may not be prominent during childhood. As they grow older, gender differentiation becomes more prominent. At the age of menarche, gender identity is almost complete. The timing coincides with development of secondary sexual characteristics. Society assigns the gender of a person



based on physical features. The easiest criterion for sex determination is the genital organs. In primitive society men protect the community against intruders or hunting for food. Women work in the farm and look after the children. Men are exposed to dangerous activities resulting in more death. This gender assignment sticks throughout their life time.

In modern society, men continue to expose themselves to higher risks. High-risk jobs are assigned to men because they are supposed to be stronger and more resilient. More men die in motor vehicle accidents and at work. Office and factory jobs are assigned to women. Factories prefer female workers because women perform better in tasks requiring delicate work. Working in the office and factory carry less risk of accidental death.

### 4. Lifestyle

Lifestyle contributes to more than 50% cause of death. Less people die from infectious diseases because of new antibiotics and other medical advancements. Lifestyles that contribute to the human health are diet, smoking, alcohol, physical activity and mental stress. Inherently, men adopt lifestyle that exposed themselves to hazardous elements.

#### 4.1 Smoking, alcohol and drugs abuse

Smoking and alcohol are two factors predominantly related to men. In Malaysia about 50% of adult male smoke. Only 5% adult women smoke. The men/women ratio for drug abuse is 30:1<sup>5</sup>.

#### 4.2 Sedentary lifestyle

Due to gender factor, more women lead a sedentary lifestyle. Malaysian studies in 2002 showed 40% men exercise and 22% women exercise<sup>6</sup>. A study by INSANIAH medical students in Alor Setar showed 68% men exercise and 28% women exercise.<sup>7</sup>

#### 4.3 Sexual habit

The incident of HIV infection in Malaysia shows a ratio of is four men to one woman<sup>8</sup>. Men are more likely to have multiple sexual partners than women. HIV and other sexually transmitted diseases are more common among men than women.

#### 4.4 Mental stress

Mental stress is mostly associated with job. Usually higher ranking job is associated with more stress. Men dominated the higher ranking job in most countries;



therefore men are exposed to more mental stress. Studies revealed that women suffered more from mental depression. This could be due to more women who worked in man-dominated field.<sup>9</sup>

### Conclusion

The base of discussion about lifespan is statistics and research. Research in epidemiology is a tool to read and understand what is happening in a community in term of health and diseases. Everything and anything we see in this world is interrelated. What some people consider as fate if properly researched will reveal the root cause of the problem. In epidemiologic terms they are called variables. Independent variables are factors causing something. Dependent variables are the outcome of the causal factors. What we do falls under the independent variables. The dependent variables belong to Allah. He determines the rewards or punishment we should get from our works. This is how Allah works (7:99)<sup>10</sup>

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# Vaccine causes Autism?

Vaccination among babies, starting at the age of one month, has been a normal/routine practice in Malaysia. The vaccine is given to fight against viral infectious diseases like polio, diphtheria, pertussis (whooping cough), and tetanus (DPT), hepatitis B, meningitis (HIB), etc. Recently, there is an issue raised by a group of people; abroad and also here in Malaysia, against vaccination.... saying that vaccination causes disaster adverse effects; autism, eczema, seizure etc. They claimed that their babies got autism, eczema after taking a jab. In Malaysia, this group is also promoting sunnah dietary supplements; Zam-zam water, honey, date, fig, raisin, black cumin, etc, as a replacement. They claims that those dietary supplements can improve our immune system and fight diseases as the vaccines do. Those supplements have no adverse effects as practiced by the late Prophet Muhammad SAW. Their voices are getting louder. After reading their claims in the websites, what I could say is that they apparently have a shallow knowledge on the subject matter; immunology. Information is just in the fingertips but the Muslim society nowadays is too lazy to acquire the knowledge. We could simply spend hours reading FB or WhatsApp, but how many of us find time to read something that could really 'move' our thought. I'm not denying the benefits of those supplements as it is clearly stated in many sahih hadiths; which among are narrated by Bukhari and Muslim, and the holy Quran itself. Reflects the following Hadith:

*Allah's Messenger (SAW) came to Medinah and the people had been grafting the date palms. He*

*(SAW) said: What are you doing? They said: We are grafting them, whereupon he (SAW) said: It may perhaps be good for you if you do not do that. So they abandoned the practice (and the date-palms) began to yield less fruit. They made a mention of it (to the Prophet (SAW), whereupon he (SAW) said: I am a human being, so when I command you about a thing pertaining to religion, do accept it, and when I command you about a thing out of my personal opinion, keep it in mind that I am but a human being. **You have better knowledge (of a technical skill) in the affairs of the world.***

*- Sahih Muslim Hadith narrated by Rafi' ibn Khadij*

Allah (SWT) sent His Messenger (SAW) and His Guidance to guide mankind to the Straight Path that leads to His Doors of Mercy, warn the disbelievers of the fate that awaits them if they deny and reject Allah and His Message, inform mankind about some of the things of the unseen like the Day of Judgment, Paradise, Hell Fire, Angels, etc. The Lord Most Majestic did not appoint His Messenger (SAW) to teach man the technical skills of the world, or things which man could learn from his own experience or experiments. Nor did the Messenger of Allah (SAW) come as a medical doctor to assign remedies for ones physical ailments and disease!

Vaccination is just a matter of optional, no country as I know put a compulsory enforcement on it. The issue was initially raised in West regarding MMR vaccination



following claims of the babies developing autism after taking the jab. However, studies have shown that there is no link between receiving vaccines and developing autism. In 2011, the Health and Medicine Division (HMD) of the US National Academy of Sciences, formerly known as Institute of Medicine (IOM), report on eight vaccines given to children and adults found that with rare exceptions, these vaccines are very safe. Studies conducted by The U.S. Centers for Disease Control and Prevention (CDC) and HMD since 2003 and latest in 2013 showed no link between the measles, mumps and rubella (MMR) vaccine and autism in children. So far, there are no much facts to support anti-vaccine group's claims.

The purpose of vaccination is to trigger our immune system to produce a specific type of antibody against a particular virus, for example polio virus. Once this specific antibody available in the circulation our immune system will be easily geared up to an optimum level to fight the polio virus. Otherwise the system would be struggling fighting the virus without 'the front line defence' to gear it up fast enough against the time. Virus doubles its number, from one to two, two to four cells or 100 to 200 cells, within minutes. And in most cases, our immune system succumbs. So, replacing vaccinations with sunnah dietary supplements is a totally big mistake since these supplements couldn't provide or trigger the production of 'the front line defence'.

Vaccination is always linked to Edward Jenner, is it true that he's the first person found the idea of 'vaccination'? The history of vaccination started with smallpox. Smallpox was a fatal contagious disease that had caused constant epidemics all over the world. The smallpox virus

has killed more people than any other microorganism in history. The disease was traced back to as early as 1570 and 1085 BCE. The pharaoh Ramses V mummy has lesions identical to smallpox scars. He died in 1160 BCE.

The great Muslim scholar; al-Razi (865 - 925 CE), was the first physician in history who described in details the symptoms and signs of smallpox and measles based on clinical examination, and he was the first who distinguished between the two diseases by putting what is called now the differential diagnosis. The information was clearly stated in his book: The Book on Smallpox and Measles. A manuscript of this book is kept now in Leiden University Library in the Netherlands under the number 761. The majority; around 20%, of those infected with smallpox died if not treated. After a victim's recovery, purplish black scars remained. Turkey experienced many epidemics of smallpox that devastated the country during the Ottoman era (1299–1923) and 'variolation' became the only technique to prevent deaths and disfigurement from the disease. The method was introduced by the Seljuk Turks who had reigned in Asia Minor; 11–12<sup>th</sup> centuries, before the Ottomans. Britain was the first western country introduced to this method in 1721 by Lady Mary Wortley Montagu. She came across a local practice of inoculation against smallpox called variolation during her stay in Istanbul from 1716-1718. She brought the idea back to Britain. Based on this concept Jenner developed what a nowadays called vaccination in 1796.

Smallpox vaccine is the world's first vaccine. It is a ridiculous allegation to say that virus and vaccine are created by Jews to exploit the Muslims. It's clear that



**Smallpox**



Islamic world had a big contribution on study of the virus and introduced the variolation technique. Smallpox and polio are eradicated already in Malaysia due to a well-managed baby vaccination system. However, these diseases may come back with the presence of foreigners and anti-vaccination campaign. Think of what is going to happen due to our blind action. Are we daring enough to risk the future of our kids just because of isolated cases of what is claimed as adverse effects of the vaccine?



Poliomyelitis (polio) is a highly infectious viral disease, which mainly affects young children invading the nervous system and can cause paralysis. There is no cure for polio; it can only be prevented by immunization – vaccination.

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# To be or not to be?

## A Good Physician

**Written by: Assoc. Prof. Dr.Mehboob Alam Pasha**

Recently I received a message through WhatsApp. A young job-seeker from East African country went to the hospital for medical check up. The X –Ray showed that he had a cockroach in his chest region. He was told by the doctor that he would need surgery to remove it. After deep deliberation, the subject decided to go abroad for a second opinion. There he had another X- Ray done and was told that the cockroach was not in his chest but in the X-Ray machine of the previous hospital.

This episode may seem funny, but raises many questions especially to us practising physicians. This was an apparently healthy young man who went for a routine

health check. Was he properly examined after due exposure of the chest as required. If there was a cockroach lurking on his torso it could not have been missed. If not on the outside, then how did it get inside? Was it swallowed and lodged in the oesophagus? Or if inhaled, how did an average sized cockroach negotiate the nostril without as much as producing a sneeze in the subject. It was a very enterprising cockroach indeed. Instead of finding an explanation to the above questions, the doctor advised surgery; thus raising moral and ethical considerations. While in medical school we are taught the usefulness of X-Ray as a diagnostic tool, while stressing the need to exclude artifacts in their interpretation. Artifacts are shadows produced by objects which are not part of the patient or his body. Apparently the cockroach was lodged in the machine and showed up on the first film.

Mistakes do happen in medicine and surgery. Most of them are avoidable, and hence difficult to pardon. However some are genuinely unavoidable deserving our profound sympathy for the doctor and his or her patient. This subject was apparently educated and could afford a second opinion abroad. But what about the many less fortunate “orang kampung” who generally tend to blindly follow their doctor’s advice. The consequences of such wrong advice can only be imagined. Let us seek solace from the Oath of a Muslim Physician “.....to acquire the courage to admit my mistakes , mend my ways and to forgive the wrongs of others. To be ever-conscious of my duty to Allah and His Messenger (S.A.W.) and to follow the precepts of Islam in private and in public. O Allah grant me the strength, patience and dedication to adhere to this Oath at all times “-

(Source: World Conference of Islamic Medical Association-Kuwait 1981)





# SNAKE BITE

Written by: Hazirah binti Abdul Radzak

Snake can be described as elongated, legless and carnivorous reptiles. In fact, snakes are ectothermic, amniote vertebrates covered in overlapping scales. Most populations of snakes are found in every on land, in the sea, forests, grasslands lakes, and deserts except Antarctica, Ireland, Iceland and New Zealand Island. Besides that, snake use its venom primarily to kill and calm prey for self-defence while nonvenomous snake will either swallow prey when it still alive or kill it by constriction. During constriction, a snake suffocates its prey by tightening its hold around the chest, thus prevent normal breathing or causing cardiac arrest.. But, there are some snakes grab prey with their teeth and then swallow it whole.

About 400 of 3,000 snake species worldwide are venomous and about 25 species of venomous snakes populations are found in North America. Venomous snake that cause dangerous to human are the cobras, mambas, coral snakes, tiger snakes and death adder. King cobra (*Ophiophagus Hannah*) is a very dangerous Asian elapid

and longest of the venomous snake around 4m and Black mamba (*Dendraspis polylepis*) are extremely fast, large and dangerous African eplapid.

It is really scared when we talk about snake bites. Basically, snakebite is an injury when skin bite by the snake. Most snakebite is innocuous and is delivered by nonpoisonous species. However, a bite from venomous snake can cause death and it should be always treated as medical emergency. In fact, the bite is a poisonous snake injects venom which is produced in modified parotid glands that is important for secreting saliva. Before it transfer to its prey, the venom passes from the venom gland through a duct into snake's fangs. It is called as envenomation. However, not all snakebites are poisonous since snake can decide whether to release venom or not and how much venom to secrete.

Venomous snake bite without envenoming or dry bites occurs in between 25% to 50% of snake bites. In addition, combination of numerous protein substances



in snake venom can cause varying effects. There are about 4 types of proteins; cytotoxins which cause local damage, hemotoxins cause internal bleeding, neurotoxins that affects nervous system and cardiotoxins which act directly attack the heart.

Furthermore, venom may results in the bleeding, severe allergic reaction, tissue death around the bite and breathing problem. Meanwhile, the bites can cause loss of limb and other chronic problems. Thus, the severity relies on type of snakes, the parts of the body bitten, the amount of venom injected and the individual's health condition. When you are bitten by snake try to keep calm and do not panic. Then, keep the bitten body parts as still as possible to prevent the venom spread around of your body. It is also suggested to secure the bitten body parts with a sling (supportive bandage) and remove any jewelry from the bitten limb it could cut our skin if the limb swells. In hospital, antivenoms are used to treat more serious snake bites.

Recovery period for snake bites can vary in children and adults. In children, full recovery will take about one to two weeks while adults will take more than three weeks to full recover. The person may experience episodes of pain and swelling in the bitten body parts. However, it can be relieved by taking paracetamol instead of exercising. Hence, snake bites can be prevented by wearing protective footwear, avoiding passed by the areas where snakes live and do not try to handle snake if not really professional.

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## What to do in case of a snake bite



- Help the patient to stay calm and lie as still as possible
- Always keep the bite wound lower than the heart.
- Immediately rush the victim to hospital or call emergency services
- Continually check the victim's vital signs.
- Try to get a description of the snake if no-one can name it.



- Don't try to remove clothing as this can also speed up the spread of the venom.
- Do not apply a tourniquet.
- Do not try to open the wound further by cutting it – you're going to cause the venom to spread even more quickly.
- Do not try to suck the blood out of the wound.
- Never put ice on the wound.

**HeraldLIVE**



# **WELCOME MQA/MMC PANEL MONITORING VISIT**

**Monday, 23th May 2016**

Written by: Hazirah binti Abdul Radzak

Recently, Malaysian Quality Agency (MQA) and Malaysian Medical Council (MMC) visited Kulliyah of Medicine and Health Sciences, INSANIAH University College for temporary accreditation evaluation. The main objective of this visit is to confirm human resources databases of the kulliyah. There are 2 panels from MQA, Prof Dato' Dr Abdul Hamid bin Abdul Kadir as a Chairman, Prof Dr Mohamed Shajahan b Mohamed Yassin, Mr. Mohammed Irzatt Reza bin Muhammad Nur and 1 panel from MMC, Dr Mohammad Najib b Baharuddin were assigned for this monitoring evaluation. This is the first visits for this year.

The panel reached to kulliyah at about 9.00 a.m. Their presence was greeted by our Rector, Prof Dato' Dr. Fakhruddin bin Abdul Mukti, Deputy Dean of Academic Affairs, Assoc. Prof. Dr. Sharipah Azizah binti Syed Jamalullail, Registrar, Haji Abdullah bin Hashim, Dean, Prof. Dr. Hashami bin Bohari and Deputy Dean, Assoc. Prof. Dato' Dr. Hj Azmi bin Hashim. The program was started with opening speech by Rector, Prof Dato' Dr. Fakhruddin bin

Abdul Mukti followed by speech from MQA Chairman, Prof Dato' Dr Abdul Hamid bin Abdul Kadir. After that, Dean of KMHS, Prof Dr Hashami b Bohari gave a talk regarding MBBS program in Insaniah and area of concern reports to the panels.

Then, MQA/MMC panels went to kulliyah office for file checking and meeting with the clinical lecturers. The meeting took about 2 hours. Next, a meeting between panels and Medical Students Year 3 and 4 was held before lunch. There was also a meeting among panels before the exit report. During lunch, MQA panels had a nice conversation with pre-clinical and clinical lecturers. After lunch, the panels leave kulliyah and heading to Penang Airport. This visits is very short since it is just taking only half day. Overall, the panels are moderately satisfied with our human resource database and they plan to come again in August 2016.





# FAMILY DAY 2016

Written by: Hazirah binti Abdul Radzak

Last month, INSANIAH Medical Students Association (IMSA) organized family day at Beris Lake in Sik, Kedah. The objective of this activity is to tighten the relationship between medical kulliyah staffs and students and among the medical students themselves. The family day took about 2 days started from 5th May to 6th May 2016. On 5th May 2016, all the students and staffs were gathering at Kulliyah foyer at 7.30 a.m. for registration. Then, all of them had their breakfast. IMSA served special nasi lemak and mineral waters to all of them before their journey to Beris Lake. After that, all the students are given dorm room number according to their sport house colour. About 2 busses were rented by IMSA for this trip. The journey started at 8.30 am and it took about 1 hour to reach there. It's really interesting and happy journey because we travelled through country side and beautiful natural scenery. It's also quite adventure journey since we passed through curvy and mountain roads. We reached there at about 9.30 a.m. Our arrival was greeted by Tuan Haji Rashid who is owner of that place. Then, all of them assembled at open air hall for briefing and opening ceremony. Tuan Haji Rashid briefed them about the facilities and accommodation in that place. There are several activities offered such as canoeing, fishing, swimming, deer hunting and jungle trekking.

After briefing, all of them went to their doom for keeping bags and other things. Ice breaking was the first activity which all of them are given ribbon with name written on it. In this activity all of them need to find the owner of the ribbon. The objective is to encourage them to get to know

each other. After that, all of them were divided into several sport houses based on the ribbon colour they had. Then, they need to discuss the group name and cheers for their groups. The next activity was continued after Zuhr prayer and lunch. Kampung style menu was served for lunch by the workers there. The second activity was explore race with 8 checkpoints such as hiding the ball, draw and guess, fill up water in balloon, closing pipe hole, act and guess, treasure box, throw balloons filled with water and blow up a balloon until it pops and sing. Later in the evening, we had tea break and 'Asr prayer before continued with third activity. Next, we had "Back to nature" activity. In this activity, we had opportunity for canoeing and fishing. However, the activity has been postponed due to bad weather.

At night, we had barbecue after maghrib and isha prayer. Grilled marinated chicken and smoked sausages were our special barbecue menu. Other than that, mung bean porridge, fried rice and orange juice were also served. On the next day, all of them woke up early at 5.00 am to perform qiamullail and followed by subuh. After that, we had breakfast before proceed with sport. It was very exciting sport and all of them having fun and enjoying themselves. Opening ceremony took place at about 11.00 a.m. In this ceremony, Associate Professor Dr Azza Hamouda gave hampers to all the groups. IMSA Family day ended at 1.00 pm and they started went back to INSANIAH after Zuhr prayer.











# HEALTH

## segment

Written by: Dr. Saleh Mutahar Y. Al-Othubi



# HEMORRHOIDS DISEASE and home remedies



## Introduction

At a time when Europe was in the Dark Ages, where deprived the church of science, medicine and treatment as the disease is a punishment from Allah due to the sins of people, the Muslims were the first to study the diseases including haemorrhoids and discovered therapies. Since the date, the Muslim scholars attributed the hemorrhoid to malnutrition and chronic constipation.

Hemorrhoids are masses, clumps, cushions of tissue in the anal canal - they are full of blood vessels, support tissue, muscle and elastic fibers. Piles are hemorrhoids that become inflamed. Colon is an important part of the digestive system and plays a major role in helping the body absorb nutrients, minerals, and water. The colon also helps rid the body of waste in the form of stools. Colon makes up the majority of large intestine, approximately six feet in length. The last six inches of the large intestine are the rectum and the anal canal.

Bleeding piles (Buasir/ Bawaseer/ Hemorrhoids) starts with a (years old) wrong diet that is low in fiber (white wheat bread, white rice, white sugar), high in damaged fats and animal proteins. The condition is spoiled further by soda drinks, tea, coffee, spicy foods, deep fried foods, shelf-ready-to-use canned products, etc. This poor diet creates constipation, in which during the early stage, a patient just ignores it. However, exerting pressure to pass out the stools causes the colon to get irritated and damaged which resulting in fissures and polyps. The untreated conditions could end up with bleeding piles and finally colon cancer.

The hemorrhoidal veins, which are located in the lowest area of the rectum and just above the anus, swell and their walls become stretched, thin, and irritated by passing of hard stool. Hemorrhoids are classified into two general categories; 1) internal, and 2) external.

**Hemorrhoids**, in their normal state, act as cushions to help a stool control. They become a disease

when swollen or inflamed. The signs and symptoms of hemorrhoids depend on the type present. Internal hemorrhoids usually present with painless, bright red rectal bleeding when defecating. External hemorrhoids often result in pain and swelling in the area of the anus. If bleeding occurs it is usually darker. Symptoms frequently get better after a few days. A skin tag may remain following healing of an external hemorrhoid. A number of contributing factors has been associated with hemorrhoid including constipation, diarrhea, and sitting on the toilet for a long time. Hemorrhoids are also more common during pregnancy. No specific treatment is often needed. An initial measure consists of increasing fiber intake, drinking fluids to maintain hydration, NSAIDs to help with pain, and rest. A number of minor procedures may be performed if symptoms are severe or do not improve with conservative management. Surgery is reserved for those who fail to improve following these measures.

Half to two thirds of people have problems with hemorrhoids at some point in their lives. Males and females are affected about equally common. Hemorrhoids affect people most often between 45 and 65 years of age. The first known mention of the disease is from a 1700 BC Egyptian papyrus.

## Symptoms of prolapsed internal hemorrhoids

Prolapse of an internal hemorrhoid occurs when the internal hemorrhoids swell and extend from their location in the rectum through the anus. In the anal canal, the hemorrhoid is exposed to the trauma of passing stool, particularly hard stools associated with constipation. The trauma can cause bleeding and sometimes pain when stool passes. The presence of stool, inflammation, and constant moisture can lead to anal itchiness, and occasionally the constant feeling of needing to have a bowel movement. The prolapsing hemorrhoid usually returns into the anal canal or rectum on its own or can be pushed back inside with a finger, but it prolapses again with the next bowel movement.

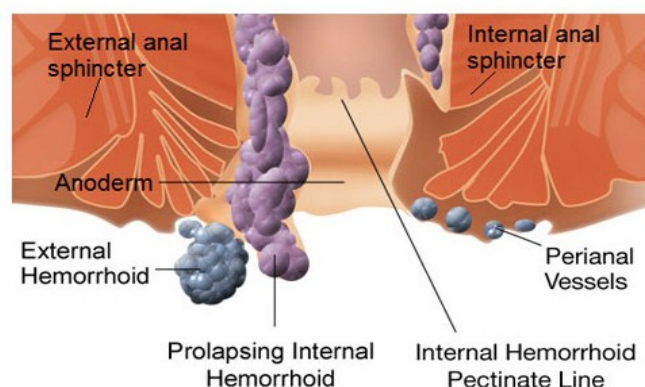










Figure 1: The external hemorrhoids

### Symptoms of thrombosed external hemorrhoids

External hemorrhoids can be felt as bulges at the anus, but they usually cause few of the symptoms that are typical of internal hemorrhoids. External hemorrhoids can cause problems when blood clots inside them. This is referred to as thrombosis. Thrombosis of an external hemorrhoid causes an anal lump that is very painful and

tender, and often requires medical attention. The thrombosed hemorrhoid may heal with scarring, and leave a tag of skin protruding in the anus. Occasionally, the tag is large, which can make anal hygiene (cleaning) difficult or irritate the anus.

Classification of Internal hemorrhoid		
Degree	Diagram	Picture
1 <sup>st</sup>		
No prolapse, just prominent blood vessels.		
2 <sup>nd</sup>		
Prolapse upon bearing down but spontaneously reduced.		
3 <sup>rd</sup>		
Prolapse upon bearing down and requires manual reduction.		
4 <sup>th</sup>		
Prolapse upon bearing down and cannot be manually reduced.		



## Home remedies treatments for hemorrhoids

Islamic Medical Wisdom says: prevention with RM1.00 is better than treatment and cure with RM1000.00. There are around more than ten (10) types of home remedy for treatment of hemorrhoids.

### 1. Ice.

At home, the ice cubes will help to constrict blood vessels, reduce stress and help relieve pain instantaneously.

**Method:** Put an ice bag or a piece of partially melted ice wrapped in a cloth directly on the affected area for 10 minutes. So do it several (3-5) times a day until symptoms subside and the pain caused by hemorrhoids.

### 2. Aloe vera gel

Aloe vera is one of the best natural ingredients to treat hemorrhoids because it has anti-inflammatory properties and help reduce the irritation of hemorrhoids. Aloe vera can also be used both for internal and external hemorrhoids.

#### Method:

- (1) **For the treatment of external hemorrhoids;** put a small amount of aloe vera gel in the anus area and begin to slowly massage. This simple treatment relieves pain and soothes the burning sensation.
- (2) **For the treatment of internal hemorrhoids;** cut aloe vera in the form of slices, sure to cut the parts as like fork-like plant. Place the slices in a pot of aloe vera and then freezing cold in the hemorrhoids area to ease the pain area, burning and itchy sensation.

### 3. Lemon Juice

Lemon juice contains many nutrients that can reduce the pain of hemorrhoids by strengthening capillaries and blood vessel walls. **Method:** Saturate cotton balls with fresh lemon juice and put it on the affected area. Initially there will be some sense of light pricking or burning, but after a few minutes will hide the pain gradually. **Instead** of this method, put half a lemon in a glass of hot milk and drink it. Do this every three hours for best results. **Another** effective way; blending half a teaspoon each of lemon juice, ginger juice and mint juice and honey together and use it once a day.

### 4. Olive oil

Olive oil has anti-inflammatory and anti-oxidant properties, and is used primarily for the treatment of external hemorrhoids. It will help to increase the elasticity of blood vessels, which in turn will help reduce inflammation and shrink swollen blood vessels in the size of the anal canal.

#### Method:

**Use one tablespoon of olive oil per day. It will help to reduce the inflammation and the presence of monounsaturated fat improves the function of the excretory system.** Also, crush juice from some plum leaves and add it to olive oil and put this mixture on the affected area hemorrhoids and will give you relief from pain and swelling.

### 5. Whole grains

Start eating whole grain products if you are suffering from

hemorrhoids. Whole grain products contain a good amount of fiber, which is highly effective in relieving the symptoms of hemorrhoids and prevent bleeding. These nutrients help to clean the digestive tract, preventing constipation and allow the colon to work more efficiently. Fiber-rich foods can soften stool and increase its size, which helps reduce stress during bowel movements.

### 6. Apple cider vinegar

Due to the astringent properties of apple cider vinegar, it helps shrink swollen blood vessels and gives relief from the swelling and irritation of both internal and external hemorrhoids. Make sure you use vinegar filtered and non-pasteurized to achieve faster results.

#### Method:

In the case of **external** hemorrhoids, gently press the sunken cotton balls in apple cider vinegar on the inflamed area. Initially there will be a sense of tingling, but soon you will relieve the itching and irritation. To do so several times a day so as to diminish the swelling. In the case of **internal** hemorrhoids, adding a tablespoon of apple cider vinegar to a cup of water and drink it at least twice a day. You can add honey to make the taste better.

### 7. Finally; drink a large amount of water

When you suffer from hemorrhoids, either internal or external, you must increase the amount of water that you drink try to drink eight to 10 glasses of water a day. Adequate water intake helps to cleanse the internal organs and moisturize your entire body. It is also easy bowel movements and keeps softer stool and reduces stress. When you do not drink enough water and other fluids, the body cleaning process will be slow and there could be a build-up in the intestines of the waste. The end result is to be hard stools, which makes the problem worse hemorrhoids.

### 8. The best diet style to prevent growing the hemorrhoids;

Okra; especially, other types of vegetables and fruits. Watermelon contains dietary fiber for digestive health as well as potassium, a mineral that helps keep blood pressure capped. Watermelon contains "Lycopene pigment" which is found in red fruits and vegetables and acts as a super antioxidant, stopping free radicals from damaging your cells and messing with your immune system. It may help fight heart disease and several types of cancer. To retain the most antioxidants in this delicious super food, store your watermelon at room temperature before slicing.

#### Tips for those who suffer from hemorrhoids

1. Improve the cleanliness of the bathroom and make it less likely to form external hemorrhoids. For example, use napkins or towels after entering the toilet and these wipes are available in most grocery stores and can remain in the bathroom.
2. If you suffer from bouts of painful hemorrhoids without feeling better at all the work on the frequency on the bathroom several times a day, for ten minutes

- at a time. Also, you may get some relief by putting cold compresses on the affected area.
3. Put a bag of ice on the hemorrhoids area is an easy solution. Ice pack can help reduce the pain of hemorrhoids so placed directly on the hemorrhoids.
  4. Hemorrhoids often cause overgrowth in the intestinal muscles. Therefore it is important for you to stay aware of the daily stress if you suffer from recurrent hemorrhoids.
  5. You may get hemorrhoids because of the heavy lifting. If you suffer from hemorrhoids all the time should be looking for a way to reduce the lift anything heavy.
  6. To ease the pain of hemorrhoids and you are suffering from obesity, especially the presence of excess weight in the abdomen increases the pressure in the veins. You can reduce this pressure by losing weight and a high-fiber diet and avoid taking laxatives to lose weight.
  7. Taking the supplements of fiber every day, especially if you do not consume a lot of fruits and vegetables and to ensure that drinking 64 ounces of water a day.
  8. You should drink plenty of water every day. This helps to avoid the pain and the comfort of hemorrhoids. Water is a wonderful treat for constipation, lack of drinking water is a common reason for hemorrhoids. It can also help you to comprehensively cleared by the body in an attempt to drink 10 cups of water each day.
  9. Avoid spicy foods or caffeine, this type of foods can cause intestinal irritation and aggravation of hemorrhoids. Moreover, these foods may be working to increase local inflammation, causing pain even you cannot sit or use the toilet.
  10. Do not rely on laxatives, these laxatives can help with constipation related cases so as to facilitate bowel movement, but it cannot cure the problem of hemorrhoids themselves.
  11. If you suffer from hemorrhoids, one good way to get some rest when you sit down is to use a pillow in the form of a donut. It has been designed down to give a more comfortable while having to sit down with hemorrhoids.
  12. Run a lukewarm bath and sit in it with knees in the corner. Water about hemorrhoids help to relieve pain and inflammation and warm water helps the blood to reach the hemorrhoids, and will work to get rid of the swelling and pain.

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# Fasting six days during the month of Syawal

Written by: Hazirah binti Abdul Radzak

Syawal month is the most exciting for every Muslim throughout the world because it marks the beginning of festival of Eid also called as Eidul Fitri which commonly known as Hari Raya Aidilfitri. The word 'Aidilfitri' means 'fitrah' or returning to one's original state of being which free from any sin. Actually, Eidul Fitr symbol of victory after one arduous month of self-restraint towards worldly pleasures, channelling every energy and dedication to obligatory duties as a Muslim towards God Almighty. It is also forbidden to fast on th 1st Syawal.

Besides that, all Muslims encourage to visit relatives and friends, forgive and forget any differences with others or animosities that may have occurred during the year. In addition, Fasting six days of Syawal after the obligatory fast of Ramadhan is sunnah. There is an additional reward for those who fasting 6 extra days during Syawal. It can be done on 2nd of Syawal onwards. It is not necessary to fast consecutively unless for those who can afford to do so.

It is narrated by Abu Ayyub al-Ansari that Rasulullah s.a.w. had said: Which means: *"Whoever fasts Ramadhan, then follows it with six days from Syawal, it is like they fasted the entire year"* (Narrated by Muslim, Abu Dawood, al-Tirmidhi, al-Nisaa'i and Ibn Maajah).

How fasting for six days of syawal being equivalent to fasting the entire year.

It has been clearly mentioned in a Hadith related by Thawban (may Allah be pleased with him) that the Messenger of Allah (Allah bless him & give him peace) said: *"Fasting Ramadhan is like fasting ten months, and fasting the six days is like fasting two months, so that amounts to fasting the entire year."*

In addition, the important benefits of fasting six days of Syawal is to make up for any lack or shortfall in person's obligatory Ramadan fasts since no one is free from sins which has negative effect on his fasting. Thus, all Muslims are recommended to fast six days in Syawal month.

Furthermore, for those especially women who missed fast of Ramadhan should making up (qadha) missed fast with similar number of fast on days other than Ramadhan. According to hadhrat A'isha (Radiallaahu Anha) reports from Rasulullah (Sallallaahu Alayhi Wa Sallam) that a menstruating woman should keep the qadha of missed fasts but there is no qadha for prayer missed during menstruation. However, that is not obligatory to make qadha immediate ater Ramadhan. It can be delayed until the next Ramadhan. But, it is better to making up earlier than to delay them since this falls under the general command of hastening to do good deeds rather than delaying them.

Some of people tend to combine two intentions; making-up missed Ramadhan fasts (Qadha) and then followed by the six fast of Syawal. In fact, they should make main intention of 'Qadha' first and six fasts of Syawal as 'secondary' intention which they should keep in mind that it is the Syawal month. By doing so, they hoped that along with the missed fasts being made-up, they will receive also the rewards of fasting in Syawal. The most important is the main and predominant intention is of making up missed fasts. Nevethless, it is better to seperate missed fasts from fasting the six of Syawal because some scholar are view that one does not receive the reward of fasting when combined with 'qadha' fast. Only Allah knows best.

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**NEW**

# Academic Staff



## **Prof. Dr. Saad Abd Al-Jasabi**

Position: Professor (Biochemistry)  
Nationality: Iraqi.  
Date of Birth: 10th November 1950.  
Place of Birth: Iraq.

### Qualification:

1. AAAS (Sciences) from USA (2003).
2. NYAS (Sciences) from USA (2001).
3. MSc (Clinical Biochemistry) from Salford University , UK.
4. Ph.D (Biochemistry) from Salford University, UK.
5. AM (Mal), Academy of Medicine (Malaysia) (2005).

### Previous job:

1. Professor (Biochemistry) in Royal College of Medicine Perak (2015).



## **Prof. Dr. Mohamad Jamil bin Yaacob**

Position: Professor (Psychiatry)  
Nationality: Malaysian.  
Date of Birth : 23th October 1961.  
Place of Birth: Kedah.

### Qualification:

1. MD, Universiti Kebangsaan Malaysia(1988).
2. MMED (Psych), Universiti Kebangsaan Malaysia. (1996).
3. MSc (Child and Adolescent Mental Health), Institute of Psychiatry, King's College, University of London, United Kingdom (2003).
4. AM (Mal), Academy of Medicine (Malaysia) (2005).

### Previous job:

1. Deputy Vice Chancellor (Student Affairs and Alumni), AUCMS (08/01/2014).
2. Professor of Psychiatry and Dean MD (UKM-AUCMS) (01/11/2012- 05/01/20014).
3. Head, Department of Psychiatry, Universiti Sains Malaysia (USM) (01/07/2007- 31/10/2012).
4. Chairman, National Psychiatry Specialty Training Board (25/03/2009-25/12/2010).
5. Associate Professor, Universiti Sains Malaysia (USM) (30/01/2007-2012).





**NEW**

# Academic Staff



## **Prof. Dr. Abdelbaset Taher Ahmed Abdelhalim**

Position: Professor (Pharmacology)

Nationality: Egyptian.

Date of Birth : 24th June 1956.

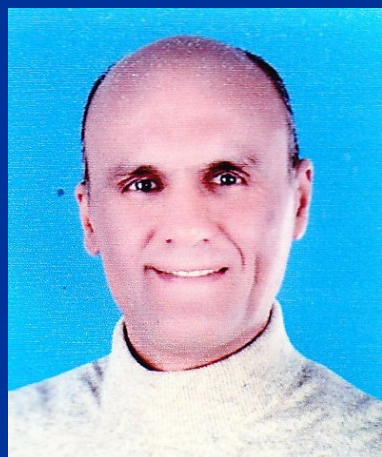
Place of Birth: Egypt.

Qualification:

1. Bachelor's degree in Medicine and Surgery from Cairo University (1980).
2. Master's Degree in Basic Medical Sciences, Pharmacology from Minia University (1989).
3. Ph.D in Medical Sciences, Pharmacology from Minia University (1993).

Previous job:

1. Professor at the Pharmacology Department at the Faculty of Medicine, Cairo (08/02/2005).
2. Assistant Professor at the Pharmacology Department at the Faculty of Medicine, Cairo (01/09/1999).
3. Lecturer at the Pharmacology Department at the Faculty of Medicine, Cairo (08/06/1994).
4. Assistant lecturer at the Faculty of Medicine at the Faculty of Medicine, Cairo (07/06/1990).
5. Physician at the Pharmacology Department at the Faculty of Medicine, Minia.(25/02/1989-06/06/1990).
6. Pharmacologist at the Faculty of Medicine , Mini9a University (13/12/1982-24/02/1989)
7. Resident Physician at the General Department of Medical Affair, Al-Azhar University (12/07/1982-15/10/1983).
8. Resident Physician in Ministry of Health (06/03/1982-01/07/1982).
9. Intern Physician at Cairo University (01/03/1981-28/02/1982).



## **Assoc. Prof. Dr. Ayman Moussa Shahin**

Position: Assoc. Prof. (Surgery)

Nationality: Egyptian.

Date of Birth : 19th May 1967.

Place of Birth: Egypt.

Qualification:

1. MBBCH from Mansoura University, Egypt (April 1991).
2. Master's Degree in General Surgery form Zagazig Uniuversity (November 1997).
3. Ph.D in Medical Sciences, Pharmacology from Minia Univer sity (1993).

Previous job:

1. Professor of Surgery in CUCMS (01/07/2013-31/01/2016).
2. General Surgeon in Sarawak General Specialist (09/01/2012-06/06/2013).
3. General Surgeon in Hospital Sibu Specialist, Sarawak (07/06/2011- 08/01/2012).
4. General surgeon in Hospital Kluang Specialist, Johor (17/05/2004-13/05/2011).
5. General Surgeon in Hospital Sultanah Aminah Specialist (03/03/2004-16/05/2004).



**NEW**

**Academic Staff**



## **Dr. Mohamed Elsayed AbdelHay**

Position: Senior lecturer (Obstetrics and Gynaecology)

Nationality: Egyptian.

Date of Birth : 22nd June 1970.

Place of Birth: Egypt.

Qualification:

1. M.B.B.CH (December 1994).
2. Master's Degree in Obstetrics and Gynaecology (November 2002).

Previous job:

1. Specialist of Obstetrics & Gynaecology in Hospital Management Board Bauchi, Nigeria (08/2014).
2. Specialist of Obstetrics & Gynaecology in Shibin El-kom Teaching Hospital (11/2007-04/2014).
3. Assistant Specialist of Obstetrics & Gynaecology (24/01/2003- 11/2007).
4. Resident of Obstetrics & Gynaecology at Shibin El-kom Teaching Hospital (24/07/2002-24/07/2003).
5. Resident of Obstetrics & Gynaecology at Monof General Hospital (14/01/2000-24/07/2002).
6. Resident of Obstetrics & Gynaecology at El-tahrir General Hospital, Giza (14/12/1999- 01/01/2000).
7. Resident of Obstetrics & Gynaecology at Komambu Hospital, Aswan (06/11/1998-14/12/1999).
8. General Practitioner at Monofiya countryside (12/06/1997-06/11/1998).
9. General Practitioner at Damietta countryside (22/09/1996-12/06/1997).
10. House Officer at at Monofiya University Hospital (01/09/1995-31/08/1996).



July '16  
happy  
BIRTHDAY



27 July  
Dr. Zaki b. Ibrahim

*Don't think about how old  
you are. Think how blessed  
you are. Think about all  
the experiences you've had  
in life — both good and  
bad — that have brought  
you this far.  
Happy birthday!*



*Kulliyah of Medicine &  
Health Sciences*

*wishing you  
a safe journey home and  
a great Raya ever...  
May Allah reward us  
with His forgiveness and blessing*

*Happy  
Eid Mubarak 1437 H*



Please write to us !

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